

Name
in
Full

CERTIFICATE OF DEATH

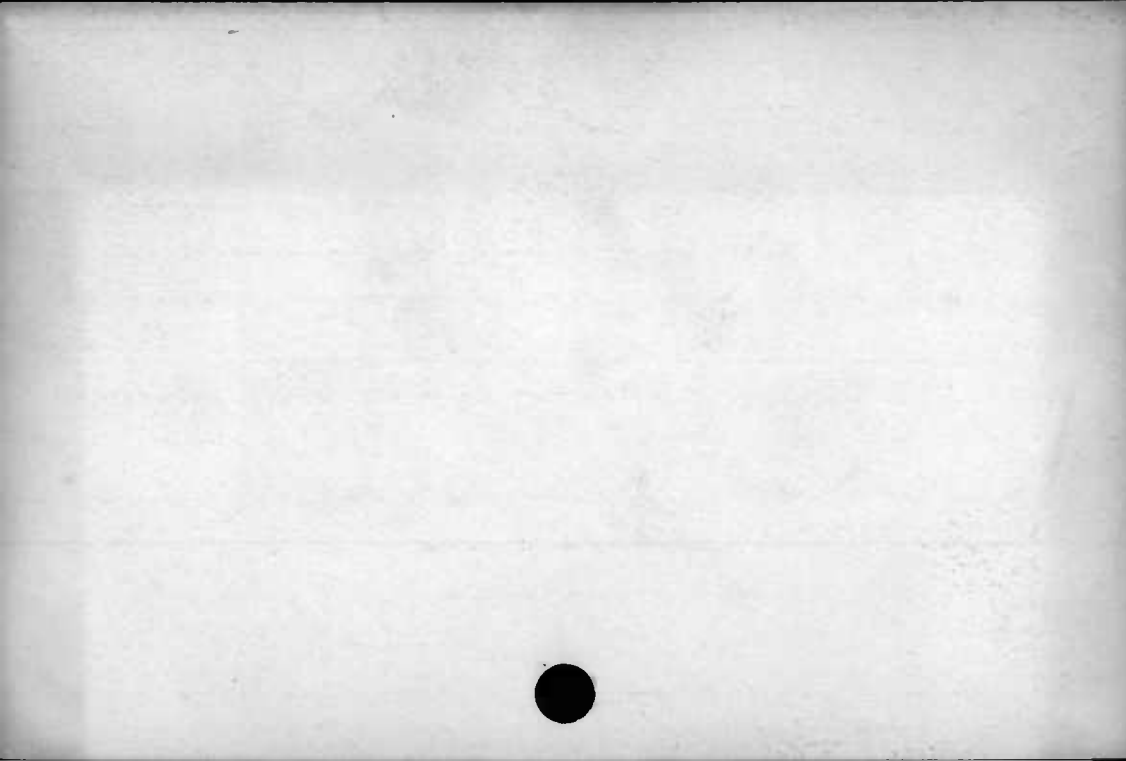
TO BE ANSWERED BY
NEAREST FRIENDName *Georgia Leaster*Died at *near Denton* ^{Town} *Leavenworth* ^{County}

MARYLAND

Date of death 190 *4* ^{Month} *Dec* ^{Day} *23* Age ^{Years} *7* ^{Months} *—* ^{Days} *—*Sex *Female* Color or Race *white* Birth-place *The State*~~Married~~ *Single* or Widowed *—* Occupation *—*Name of Wife or Husband *—*Father's Name *George Leaster* Father's Birthplace *The State*Mother's Maiden Name *—* 93 Mother's Birthplace *—*Name of person giving information *J. P. Manship* How related to deceased *—*

CAUSES OF DEATH

Primary *Pneumonia* How long *1 day*Immediate *—* How long *—*Are the name, age, sex, color, date and place correctly given above? *—* Signature of Physician *J. P. Manship**9* Address *Denton*Accident or Suicide? *—* *Maryland*PHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Clara Virginia Faulkner

Town

County

Died at near Ridgely, Caroline

MARYLAND

Date 1902 12 1 Y. M. D. Age 25 Native of Md Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at

Town

County

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

21

Dec 21

Age

3

Md

—

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Mother's

Maiden Name

Cause of

Primary

Donk known

How long sick

3 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 1902

Male

~~Female~~Husband
X of
WifeFather's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

~~Single~~

Widow

~~Widower~~

Divorced

Number of children living

Mother's

Maiden Name

How long sick

Primary

Immediate

Accident, ~~suicide~~, ~~homicide~~



Name in Full

Certificate of Death

Chas E Kempf

Town

County

Died at

Baltimore

Caroline

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

Date 1892 Dec 10

Age 6 days

Ma

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

August Kempf

Mother's

Name

Mary E Kempf

Cause of

Primary

Unknown

How long sick

Death

Immediate

151

Accident, Suicide, Homicide

Reported by

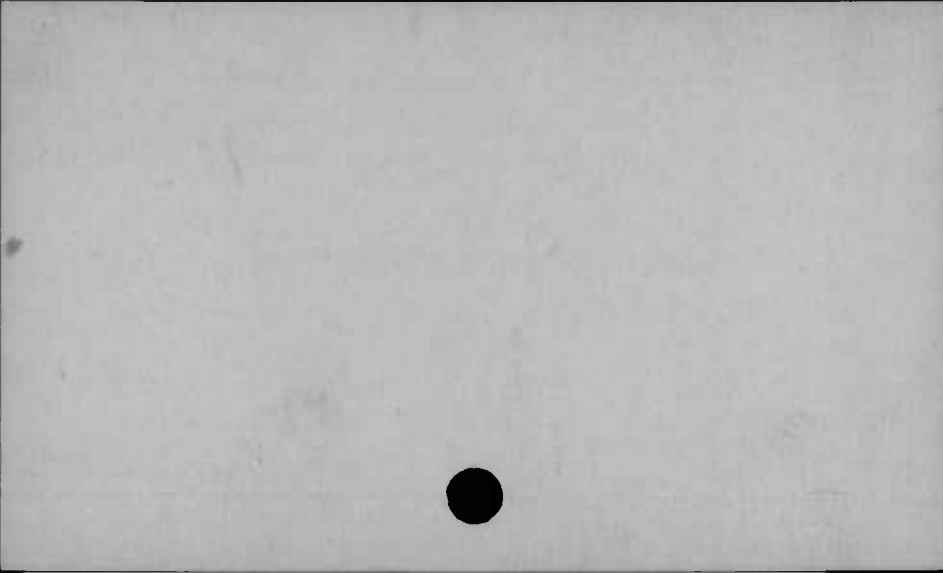
J. H. Haller undertaker

Address

Mrs. H. H. Haller

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU; 65968



Norman Newcomb

Town

County

Died near Preston

Caroline

MARYLAND

Date	1902	Month	12	Day	25	Y.	21	M.	-	D.	-	Native of	md	Occupation	Waiter
Male		Female		White		Colored		Married		Single		Widow		Divorced	
												Widower		Number of children living	none

Husband of Nettie Boone

Father's Name James Newcomb

Mother's Name Esther A Molock

Cause of Death { Primary Tuberculosis -

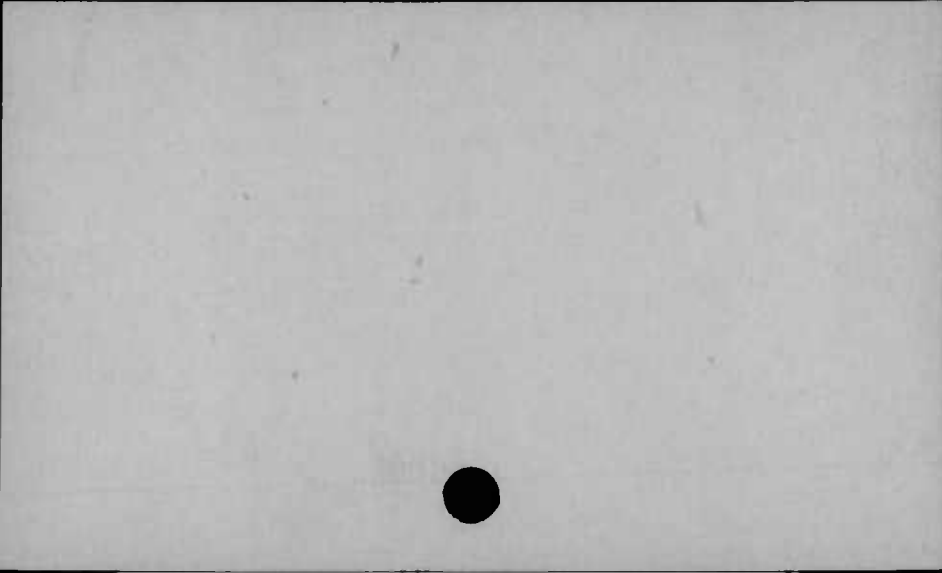
How long sick 4 mos.

Death { Immediate

~~Accident~~ Suicide Homicide

Reported by Wm H. Hollis Undertaker

Address Preston Md. U.S.



Name in Full

Certificate of Death

William

Nichols

Town

County

MARYLAND

Died at near Preston

Caroline

Month Day

Y.

M.

D.

Native of

Occupation

Date 1902

Dec

Age

5-0

Maryland Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

1

Husband of X

Wife

Father's Name X

E. J. H. P.

Mother's Maiden Name X

Glenora

Cause of Primary

Pneumonia

How long sick

X 8 weeks

Death Immediate

Exhaustion

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by

J. L. Noble

Address

Preston Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Data 19

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otharwise by coroner, undertaker or minister.

Margaret Ann Warren
Town Laurel County Caroline

MARYLAND

Dec 7 1909
Age 75
Native of Md
Occupation Housewife
Married
Widow
Number of children living 1

or

Henry Coker
Maiden Name MaryPrimary Pneumonia
Immediate Heart failure
How long sick One week
Accident, Suicide, HomicideJ L Noble M.D.
Preston Md.



Dr J. L. Noble

Preston

Caroline co

Md.

Geo. White

Town

County

Died at

Denton

Caroline

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

12 6

Age

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's
Name

Mother's

Maiden Name

Cause of

Primary

Alcoholism

56

How long sick

Death

Immediate

Selenium Arsenic

Accident, Suicide, Homicide

Reported by

J. N. Nichols M.D.

Address

Denton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name

in
Full

Jimmie Horters

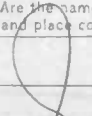
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Denton</u> <small>Town</small>			<u>Caroline</u> <small>County</small>			MARYLAND	
Date of death 190 <u>2</u> <small>Month</small>		<u>17</u> <small>Day</small>	Age <u>78</u> <small>Years</small>		<u>—</u> <small>Months</small>	<u>—</u> <small>Days</small>	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Ind</u>			
Married, Single or Widowed <u>Widow</u>			Occupation <u>Housewife</u>				
Name of Wife or Husband <u>Thos Horton</u>							
Father's Name <u>Dont know</u>				Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>Dont know</u>				Mother's Birthplace <u>Ind</u>			
Name of person giving information <u>Frank Horton</u>				How related to deceased <u>Son</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>General Debility</u>	How long	<u>2 months</u>
Immediate	<u>Same</u>	How long	<u>154</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>W H Fisher</u>	
		Address <u>Denton</u>	
Accident or Suicide? <u>No</u>		<u>Ind</u>	

